

THE MARSHALL SCHOOL ATHLETICS
STUDENT/PARENTAL CONSENT FOR MEDICAL TREATMENT AND
AUTHORIZATION FOR RELEASE OF INFORMATION

STUDENT'S NAME: _____

I understand that SMDC Sports Medicine will provide The Marshall School with the services of a certified athletic trainer and a licensed and specialty board-certified team physician. I further understand that I am not financially responsible for services provided by the trainer or team physician at the school or at any school function. By initialing the item(s) and signing below, I give my consent for the following:

A. REQUIRED FOR PARTICIPATION IN THE MARSHALL SCHOOL ATHLETICS

I give my consent for the trainer(s) and team physician(s),

1. Within the scope of their training and certification, to render immediate care to me/my child in the event of a medical emergency and
2. To communicate to my/my child's coach(es) such medical information as pertains to my/my child's readiness to participate safely in sport. _____

B. OPTIONAL

1. I give my consent for the trainer and team physician within the scope of their training and certification to evaluate and to treat nonemergent sport-related injuries and health problems (at practices and contests and in the training room). _____
2. I give my consent for the team physician to prescribe and to dispense nonnarcotic, nonsteroidal oral medications as may be required for the treatment of sport-related injuries and health problems.

3. I give my consent for the trainer or team physician to dispense equipment and supplies (e.g., crutches, braces, compression wraps, etc.) as may be required for the prevention or treatment of sport-related injuries. I understand that I will be billed for same by the Duluth Clinic. _____
4. I give my consent to have student trainers, physical therapy students, and medical students participate under supervision in the care of me/my child. _____
5. I give my consent for the trainer and team physician to share medical information with other health care providers (e.g., my pediatrician or family physician, specialists, physical therapists, etc.) as appropriate.

The foregoing consents will remain valid unless and until written notification to the contrary is made by me. I may revoke them at any time.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

Health History

Student's name:

Date of birth:

Age:

Handedness:

for writing and fine motor skills:

for throwing:

for batting:

for other:

Year in school:

Sport(s) and position(s) played:

Please answer yes or not to each of the following questions. If yes, please give details such as right or left, names and dosages of medications, dates of surgeries, etc.

Has student ever had any:

1. Allergic or other adverse reaction to any medication?
2. Allergic reaction to bee stings, ant bites, food, other?
3. Chronic or recurrent illness?
4. Health or medical problem requiring ongoing treatment?
5. Illness lasting more than one week?
6. hospitalizations?
7. Surgery other than tonsillectomy?
8. Missing organs (eye, kidney, testicle)?
9. Problems with heart or blood pressure?
10. Racing of the heart or skipped heartbeats?
11. Chest pain with exercise?
12. Dizziness, fainting, or passing out with exercise?
13. Dizziness, fainting, frequent headaches, or convulsions?
14. Concussion or loss of consciousness, "been knocked out" or "had his/her bell run"?
15. "Stinger", "burner", or "pinched nerve"?
16. Numbness in your arms or legs?
17. Asthma?
18. Shortness of breath, difficulty breathing, coughing, or wheezing during or after exercise?
19. Heat exhaustion, heat stroke, heat cramps, passing out, or other problems with heat?
20. Frostbite, numbness of your hands or feet, or other problems with cold exposure?
21. Skin problems, itching, rashes?
22. Take any medications, pills, vitamins, supplements?
23. Use an inhaler before exercise?
24. Wear glasses or contact lenses?

**The Marshall School Athletics
Health History
(continued)**

Student's name:

Does student:

- 25. Use any special equipment?
- 26. Have dental bridges, braces, or plates?

Has student ever had any injury for which he/she:

- 27. Saw a doctor?
- 28. Missed more than a week of practice, competition, or work?
- 29. Had a cast?
- 30. Used crutches?
- 31. Had x-rays, M.R.I., or other diagnostic test?
- 32. Had surgery?

Has student ever had any:

- 33. Head injury?
- 34. Neck injury?
- 35. Back injury?
- 36. Shoulder injury?
- 37. Elbow injury?
- 38. Hand or wrist injury?
- 39. Hip injury?
- 40. Knee injury?
- 41. Shin splints?
- 42. Ankle injury?
- 43. Foot injury?

- 44. When was student's last tetanus shot?
- 45. During exercise, can student usually keep up with teammates?
- 46. Can student run a half mile (two laps on the track)?
- 47. Has any family member died suddenly at less than 40 years of age of causes other than an accident?
- 48. Has any family member had a heart attack or stroke at less than 55 years of age?